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Facsimile Cover Sheet

To: USPTO ATTN: Examiner JONATHAN G. STERRETT	From: Craig S. Fischer
Fax: (571) 273-8300	Pages: 15 (inclusive)
Re: Serial No.: 09/772,382 Filed: January 29, 2001 Attorney Docket No: MCS-057-00	Date: February 2, 2006

☒ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply**

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

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on February 2, 2006

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Craig S. Fischer

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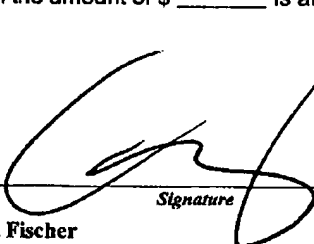
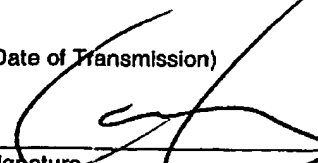
This correspondence includes the following attached papers:

1. Facsimile Cover Sheet including Certificate of Transmission under 37 C.F.R. § 1.8 (1 page);
2. Amendment Transmittal Letter (1 page);
3. Amendment under 37 C.F.R. § 1.111 (13 pages).

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TRANSMITTAL LETTER (Large Entity)			Docket No. MCS-057-00		
Applicant(s): HUANG et al.					
Serial No. 09/772,382	Filing Date 01/29/2001	Examiner JONATHAN G. STERRETT		Group Art Unit 3623	
Invention: SYSTEM AND METHOD FOR HIGH-DENSITY INTERACTIVE VOTING USING A COMPUTER NETWORK					
<u>TO THE HON. COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	31 =	0 x	\$ 50.00	\$ 0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$ 200.00	\$ 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 0.00
<input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> A Credit Card Payment Form (PTO-2038) for payment in the amount of \$ _____ is attached.					
 Signature			Dated: February 2, 2006		
Craig S. Fischer Registration No. 42,535 LYON & HARR, L.L.P. 300 East Esplanade Drive Suite 800 Oxnard, CA 93036-1274 TEL: (805) 278-8855 FAX: (805) 278-8064			<div style="border: 1px solid black; padding: 5px;"> <p align="center">CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8</p> <p>I hereby certify that this paper and every paper referred to therein as being enclosed is being facsimile transmitted to Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, TC3600 at (571) 273-8300</p> <p>on <u>February 2, 2006</u> (Date of Transmission)</p> <p><u>Craig S. Fischer</u> By _____</p> <p align="right"> Signature</p> </div>		